### Case 20-10447-BFK Doc 14 Filed 03/03/20 Entered 03/03/20 13:24:17 Desc Main Document Page 1 of 52

Fill in this infor					
Debtor 1	Patricia Ann Cvet	tnich			
	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ba	ankruptcy Court for the:	EASTERN DISTRICT C	DF VIRGINIA		
_	20-10447				
(if known)		_			Check if this is an amended filing

#### Official Form 106Sum

#### Summary of Your Assets and Liabilities and Certain Statistical Information

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

you	r original forms, you must fill out a new <i>Summary</i> and check the box at the top of this page.	74. 0004.	
Pa	t 1: Summarize Your Assets		
		Your a	assets of what you own
1.	Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B	\$	481,796.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	34,619.25
	1c. Copy line 63, Total of all property on Schedule A/B	\$	516,415.25
Pa	t 2: Summarize Your Liabilities		
			iabilities nt you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	480,223.03
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	0.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	35,415.35
	Your total liabilities	\$	515,638.38
Pa	t 3: Summarize Your Income and Expenses		
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	6,652.77
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	5,562.75
Pa	Answer These Questions for Administrative and Statistical Records		
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you	ır other sc	hedules.
7.	■ Yes What kind of debt do you have?		
	Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.	a personal	, family, or

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

the court with your other schedules.

### Case 20-10447-BFK Doc 14 Filed 03/03/20 Entered 03/03/20 13:24:17 Desc Main Document Page 2 of 52

Debtor 1 Patricia Ann Cvetnich Case number (if known) 20-10447

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total claim	
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. <b>Total.</b> Add lines 9a through 9f.	\$	0.00

Case 20-10447-BFK Doc 14 Filed 03/03/20 Entered 03/03/20 13:24:17 Desc Main Document Page 3 of 52

			Doc	ument	Page 3 of 52			
Fill in this infor	mation to identify	y your case and th	nis filing	):				
Debtor 1	Patricia Anı	n Cvetnich						
	First Name	Middle	Name		Last Name			
Debtor 2 (Spouse, if filing)	First Name	Middle	Name		Last Name			
	ankruptcy Court fo	r that EASTERN	DISTRI	CT OF VIRGI	NΙΔ			
Officed States Da	ankruptcy Court to	LASTERN	DISTIN	31 OF VIROI	INIA			
Case number _	20-10447				_			Check if this is an
								amended filing
Official Fo	orm 106A/E	3						
Schedul	le A/B: P	roperty						12/15
think it fits best. E information. If mor Answer every ques	Be as complete and re space is needed, stion.	accurate as possible attach a separate s	le. If two heet to th	married people nis form. On th	an asset fits in more than one are filing together, both a e top of any additional page wn or Have an Interest In	re equally respon	sible for supp	olying correct
. Do you own or	have any legal or e	quitable interest in a	ıny reside	ence, building	land, or similar property?			
☐ No. Go to Pa	rt 2							
_	is the property?							
■ Yes. Where	is the property?							
1.1			What	is the property	/? Check all that apply			
209 Fatho	om Cove		•	Single-family I	•••	Do not doduc	t cooured clair	ns or exemptions. Put
Street address,	, if available, or other de	scription	-	-	ti-unit building	the amount of	f any secured o	claims on Schedule D:
				•	or cooperative	Creditors Wh	o Have Claims	Secured by Property.
				Manufaaturad	ar mahila hama			
Stafford	VA	22554-0000		Land	or mobile home	Current value		Current value of the
City	State	ZIP Code		Investment pr	operty	entire proper \$481	,796.00	portion you own? \$481.796.00
•				Timeshare				, , , , , , , , , , , , , , , , , , , ,
				Other		_ (such as fee	simple, tenan	ur ownership interest acy by the entireties, or
					in the property? Check one	a life estate)	if known.	
Stafford			_	Debtor 1 only				
County				Debtor 2 only Debtor 1 and	Dobtor 2 only			
,					f the debtors and another	☐ Check if (see instru		unity property
					ou wish to add about this i	`	,	
			prope	erty identificati	on number:			
0 Add the del	lor value of the m	antian way awn fa	u all af v	entrice	irom Dort 1 including o	mu amtrica for		
					rom Part 1, including a		>	\$481,796.00
Part 2: Describe	Your Vehicles							
					whether they are registe xecutory Contracts and L			icles you own that
	·	•			Accountry Contracts and C	люхриви свазва	<b>.</b>	
B. Cars, vans, tr	rucks, tractors, s	port utility vehicle	s, moto	rcycles				
■ No								
■ No								
⊔ res								

Official Form 106A/B Schedule A/B: Property page 1

Case 20-10447-BFK Doc 14 Filed 03/03/20 Entered 03/03/20 13:24:17 Page 4 of 52 Document Case number (if known) 20-10447 Debtor 1 Patricia Ann Cvetnich 4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories ■ No ☐ Yes 5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for \$0.00 pages you have attached for Part 2. Write that number here..... Part 3: Describe Your Personal and Household Items Do you own or have any legal or equitable interest in any of the following items? Current value of the portion you own? Do not deduct secured claims or exemptions. 6. Household goods and furnishings Examples: Major appliances, furniture, linens, china, kitchenware ☐ No Yes. Describe..... \$1,000.00 Debtor's miscellaneous household goods and furnishings 7. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games ☐ No Yes. Describe..... Debtor's electronics \$165.00 8. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles ■ No ☐ Yes. Describe..... 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments ■ No ☐ Yes. Describe..... 10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment ■ No ☐ Yes. Describe.....

#### 11. Clothes

Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories

□ No

Yes. Describe.....

Debtor's clothing

#### 12. Jewelry

Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

☐ Yes. Describe.....

\$600.00

### Case 20-10447-BFK Doc 14 Filed 03/03/20 Entered 03/03/20 13:24:17 Desc Main Document Page 5 of 52

Deb	otor 1 Patricia Ani	n Cvetnich		Case number (if known)	20-10447
	Non-farm animals Examples: Dogs, cats, No	birds, horses			
	Yes. Describe				
		1 dog, 2 cats			\$1.00
		<b>3</b> ,			
ı	No		not already list, including any health ai	ids you did not list	
	Yes. Give specific in	normation			
15.			art 3, including any entries for pages y	ou have attached	\$1,766.00
Pari	4: Describe Your Final	ncial Assets			
		legal or equitable interest in	any of the following?		Current value of the portion you own? Do not deduct secured claims or exemptions.
	⊒ No	have in your wallet, in your ho	me, in a safe deposit box, and on hand w	vhen you file your petition	on
				Cash on hand.	\$20.00
			ounts; certificates of deposit; shares in crewith the same institution, list each.  Institution name:	edit unions, brokerage h	nouses, and other similar
		17.1. Checking	Capital One xxxx0556		\$4,831.25
ı	Examples: Bond funds  ■ No		okerage firms, money market accounts		
L	☐ Yes	Institution or issuer	name:		
_	Non-publicly traded s joint venture ■ No	stock and interests in incorpo	orated and unincorporated businesses	i, including an interes	t in an LLC, partnership, and
	Yes. Give specific in	formation about them Name of entity:		% of ownership:	
	Negotiable instrument	s include personal checks, cas	tiable and non-negotiable instruments hiers' checks, promissory notes, and mor nsfer to someone by signing or delivering	ney orders.	
	■ No ☐ Yes. Give specific inf	formation about them Issuer name:			
_	Retirement or pension Examples: Interests in No		03(b), thrift savings accounts, or other pe	ension or profit-sharing	plans
	☐ Yes. List each accou	nt separately. Type of account:	Institution name:		

Official Form 106A/B Schedule A/B: Property page 3

Case 20-10447-BFK Doc 14 Filed 03/03/20 Entered 03/03/20 13:24:17 Page 6 of 52 Document Debtor 1 Case number (if known) 20-10447 Patricia Ann Cvetnich 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others Institution name or individual: ☐ Yes. ..... 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) No Issuer name and description. ☐ Yes..... 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): ☐ Yes..... 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit No ☐ Yes. Give specific information about them... 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements ■ No ☐ Yes. Give specific information about them... 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses ☐ Yes. Give specific information about them... Money or property owed to you? Current value of the portion you own? Do not deduct secured claims or exemptions. 28. Tax refunds owed to you ■ No ☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years...... 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement □ No Yes. Give specific information..... **Child Support owed to Debtor Child Support** \$28,000.00 30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else No ☐ Yes. Give specific information..

#### 31. Interests in insurance policies

Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

No

☐ Yes. Name the insurance company of each policy and list its value.

Company name:

Beneficiary:

Surrender or refund value:

Case 20-10447-BFK Doc 14 Filed 03/03/20 Entered 03/03/20 13:24:17 Page 7 of 52 Document Case number (if known) 20-10447 Debtor 1 Patricia Ann Cvetnich 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. ☐ Yes. Give specific information... 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue ☐ No ■ Yes. Describe each claim....... Lawsuit against Lender for breach of contract: for not paying \$1.00 homeowners insurance Vehicle Accident on 4/4/209 - Debtor was hit by an uninsured \$1.00 motorist 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims ■ No ☐ Yes. Describe each claim....... 35. Any financial assets you did not already list ■ No ☐ Yes. Give specific information... 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached \$32,853.25 for Part 4. Write that number here..... Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1. 37. Do you own or have any legal or equitable interest in any business-related property? No. Go to Part 6. ☐ Yes. Go to line 38. Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1. 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? ■ No. Go to Part 7. ☐ Yes. Go to line 47. Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above 53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership

■ No

☐ Yes. Give specific information.......

54. Add the dollar value of all of your entries from Part 7. Write that number here ......

\$0.00

Official Form 106A/B Schedule A/B: Property page 5

### Case 20-10447-BFK Doc 14 Filed 03/03/20 Entered 03/03/20 13:24:17 Desc Main Document Page 8 of 52

Debtor 1 Case number (if known) 20-10447 Patricia Ann Cvetnich List the Totals of Each Part of this Form Part 8: Part 1: Total real estate, line 2 55. \$481,796.00 Part 2: Total vehicles, line 5 56. \$0.00 Part 3: Total personal and household items, line 15 57. \$1,766.00 58. Part 4: Total financial assets, line 36 \$32,853.25 Part 5: Total business-related property, line 45 59. \$0.00 Part 6: Total farm- and fishing-related property, line 52 \$0.00 Part 7: Total other property not listed, line 54 \$0.00 Total personal property. Add lines 56 through 61... Copy personal property total 62. \$34,619.25 \$34,619.25 63. Total of all property on Schedule A/B. Add line 55 + line 62 \$516,415.25

Official Form 106A/B Schedule A/B: Property page 6

Case 20-10447-BFK Doc 14 Filed 03/03/20 Entered 03/03/20 13:24:17 Desc Mair Document Page 9 of 52

Fill in this infor	mation to identify your	case:		
Debtor 1	Patricia Ann Cve	tnich		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	EASTERN DISTRICT O	F VIRGINIA	
Case number	20-10447			
(if known)				

#### Official Form 106C

#### Schedule C: The Property You Claim as Exempt

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
  - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
  - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amo	ount of the exemption you claim	Specific laws that allow exemptio
	Copy the value from Schedule A/B	Che	ck only one box for each exemption.	
Debtor's miscellaneous household goods and furnishings.	\$1,000.00	•	\$1,000.00	Va. Code Ann. § 34-26(4a)
Line from Schedule A/B: <b>6.1</b>			100% of fair market value, up to any applicable statutory limit	
Debtor's electronics. Line from Schedule A/B: 7.1	\$165.00		\$165.00	Va. Code Ann. § 34-4
Line from Schedule AVD. 1.1			100% of fair market value, up to any applicable statutory limit	
Debtor's clothing. Line from Schedule A/B: 11.1	\$600.00		\$600.00	Va. Code Ann. § 34-26(4)
Life from Schedule AVD. 11.1			100% of fair market value, up to any applicable statutory limit	
1 dog, 2 cats Line from Schedule A/B: 13.1	\$1.00		\$1.00	Va. Code Ann. § 34-26(5)
Ellio II oli i			100% of fair market value, up to any applicable statutory limit	
Cash on hand. Line from Schedule A/B: 16.1	\$20.00	•	\$20.00	Va. Code Ann. § 34-4
Line Horr Schedule AVD. 10.1			100% of fair market value, up to any applicable statutory limit	

## Case 20-10447-BFK Doc 14 Filed 03/03/20 Entered 03/03/20 13:24:17 Desc Main Document Page 10 of 52

De	patricia Ann Cvetnich			Case number (if known)	20-10447	
	Brief description of the property and line on Schedule A/B that lists this property	Current value of the Amount of the exemption you claim portion you own		Specific laws that allow exemption		
		Copy the value from Schedule A/B	Che	eck only one box for each exemption.		
	Checking: Capital One xxxx0556 Line from Schedule A/B: 17.1	\$4,831.25		\$4,813.00	Va. Code Ann. § 34-4	
				100% of fair market value, up to any applicable statutory limit		
	Child Support: Child Support owed to Debtor	\$28,000.00		\$28,000.00	Va. Code Ann. § 20-108.1(G)	
	Line from Schedule A/B: 29.1			100% of fair market value, up to any applicable statutory limit		
	Lawsuit against Lender for breach of contract: for not paying homeowners	\$1.00		\$1.00	Va. Code Ann. § 34-4	
	insurance Line from Schedule A/B: 33.1			100% of fair market value, up to any applicable statutory limit		
	Vehicle Accident on 4/4/209 - Debtor was hit by an uninsured motorist	\$1.00		\$1.00	Va. Code Ann. § 34-4  Va. Code Ann. § 34-4  ent.)	
	Line from Schedule A/B: 33.2			100% of fair market value, up to any applicable statutory limit		
3.	Are you claiming a homestead exemption of (Subject to adjustment on 4/01/22 and every 3			led on or after the date of adjustmer	nt.)	
	No					
	Yes. Did you acquire the property covere	ed by the exemption wi	ithin 1	,215 days before you filed this case	?	
	□ No					
	☐ Yes					

Case 20-10447-BFK Doc 14 Filed 03/03/20 Entered 03/03/20 13:24:17 Desc Main Document Page 11 of 52

		Document Page 11	L of 52		
Filli	in this information to identify	your case:			
Deb	tor 1 Patricia Ann	Cvetnich			
	First Name	Middle Name Last Name		-	
	tor 2 use if, filing) First Name	Middle Name Last Name		-	
Unit	ed States Bankruptcy Court for	the: EASTERN DISTRICT OF VIRGINIA		-	
	e number <b>20-10447</b>				
(if kno	own)				if this is an ded filing
∩ffi	cial Form 106D				
		rs Who Have Claims Secure	d by Propert	V	12/15
_					
is nee		ole. If two married people are filing together, both are ed I it out, number the entries, and attach it to this form. O			
	any creditors have claims secure	d by your property?			
	· ·	nit this form to the court with your other schedules. Y	ou have nothing else	to report on this form.	
	Yes. Fill in all of the informati				
		on below.			
Part			Column A	Column B	Column C
		as more than one secured claim, list the creditor separately has a particular claim, list the other creditors in Part 2. As	/ Amount of claim	Value of collateral	Unsecured
much	n as possible, list the claims in alpha	betical order according to the creditor's name.	Do not deduct the value of collateral.	that supports this claim	portion If any
- 1	Aguia Harbor Property				•
2.1	Owners A	Describe the property that secures the claim:	\$3,621.00	\$481,796.00	\$0.00
	Creditor's Name	209 Fathom Cove Stafford, VA			
	Chadwick, Washington, Moriarty	22554 Stafford County			
	3201 Jermantown Rd	As of the date you file, the claim is: Check all that			
	#600	apply.  Contingent			
	Fairfax, VA 22030				
	Number, Street, City, State & Zip Code	Unliquidated			
Who	owes the debt? Check one.	☐ Disputed  Nature of lien. Check all that apply.			
_ `		☐ An agreement you made (such as mortgage or se	cured		
_	Debtor 1 only	car loan)	ourou		
_	ebtor 2 only Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's lien)			
_	t least one of the debtors and anoth	<u> </u>			

HOA

9100

Other (including a right to offset)

Last 4 digits of account number

 $\square$  Check if this claim relates to a

Date debt was incurred 1/29/2018

community debt

### Case 20-10447-BFK Doc 14 Filed 03/03/20 Entered 03/03/20 13:24:17 Desc Main Document Page 12 of 52

Debtor 1 Patricia Ann Cvetnich	Case number (if known) 20-10447			
First Name Middle N	ame Last Name			
2.2 Flagstar Bank	Describe the property that secures the claim:	\$476,602.03	\$481,796.00	\$0.00
Creditor's Name	209 Fathom Cove Stafford, VA 22554 Stafford County			
Attn: Bankruptcy	22334 Stanord County			
5151 Corporate Drive	As of the date you file, the claim is: Check all that apply.			
Troy, MI 48098	☐ Contingent			
Number, Street, City, State & Zip Code	☐ Unliquidated			
Who owes the debt? Check one	☐ Disputed  Nature of lien. Check all that apply.			
_	☐ An agreement you made (such as mortgage or s	a a cura d		
■ Debtor 1 only □ Debtor 2 only	car loan)	securea		
☐ Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's lien)			
☐ At least one of the debtors and another	☐ Judgment lien from a lawsuit			
☐ Check if this claim relates to a community debt	Other (including a right to offset) Mortgage	9		
Opened 10/15 Last Active Date debt was incurred 9/03/19	Last 4 digits of account number 1973	3		
-	column A on this page. Write that number here:	\$480,223	.03	
If this is the last page of your form, add Write that number here:	the dollar value totals from all pages.	\$480,223	.03	
Part 2: List Others to Be Notified fo	or a Debt That You Already Listed			
trying to collect from you for a debt you o	e notified about your bankruptcy for a debt that your to someone else, list the creditor in Part 1, and tyou listed in Part 1, list the additional creditors ha	d then list the collection age	ncy here. Similarly, if you h	ave more
Name, Number, Street, City, State & McCabe, Weisberg & Conw		hich line in Part 1 did you ente	er the creditor? 2.2	
1727 King Street Suite 318	• •	4 digits of account number	-	
Alexandria, VA 22314				

### Case 20-10447-BFK Doc 14 Filed 03/03/20 Entered 03/03/20 13:24:17 Desc Main Document Page 13 of 52

		Docu	ment Page 13	3 01 52	
Fill in this in	nformation to identify your	case:			
Debtor 1	Patricia Ann Cvet	nich			
	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, filing)	) First Name	Middle Name	Last Name		
United State	s Bankruptcy Court for the:	EASTERN DISTRIC	TOF VIRGINIA		
Case numbe	er <b>20-10447</b>				
(if known)					Check if this is an
					amended filing
Official F	orm 106E/F				
	e E/F: Creditors W	ho Have Unse	ecured Claims		12/15
any executory Schedule G: E Schedule D: C left. Attach the name and cas	contracts or unexpired leases xecutory Contracts and Unexp reditors Who Have Claims Sec	that could result in a c ired Leases (Official Fo ured by Property. If mo e. If you have no inforr	laim. Also list executory orm 106G). Do not include re space is needed, copy	Part 2 for creditors with NONPRIORITY cl contracts on Schedule A/B: Property (Offi any creditors with partially secured clain the Part you need, fill it out, number the e do not file that Part. On the top of any add	icial Form 106A/B) and on ns that are listed in entries in the boxes on the
	reditors have priority unsecure				
′	o to Part 2.	a ciamis agamst you.			
☐ Yes.	o to Fait 2.				
<b>□</b> 163.					
Part 2:	ist All of Your NONPRIORIT	Y Unsecured Claims	<b>S</b>		
3. Do any ci	reditors have nonpriority unsec	ured claims against yo	ou?		
☐ No. Yo	ou have nothing to report in this pa	art. Submit this form to th	ne court with your other sch	edules.	
Yes.					
unsecured	d claim, list the creditor separately	for each claim. For eac	h claim listed, identify what	o holds each claim. If a creditor has more the type of claim it is. Do not list claims already in three nonpriority unsecured claims fill out the type.	ncluded in Part 1. If more ne Continuation Page of
					Total claim
	nley Funding Services, Loriority Creditor's Name	LC Last 4 o	digits of account number	5940	\$28.90
Res PO	surgent Capital Services Box 10587	When v	vas the debt incurred?		
	ber Street City State Zip Code		ne date you file, the claim	is: Check all that apply	
	incurred the debt? Check one.	ASOITI	ie date you me, me ciami	is. Offect all triat apply	
<b>■</b> D	ebtor 1 only	☐ Con	tingent		
_	ebtor 2 only		quidated		
	ebtor 1 and Debtor 2 only	☐ Disp	•		
	t least one of the debtors and and		NONPRIORITY unsecure	d claim:	
_	check if this claim is for a comm	По	lent loans		
debt		Obli	gations arising out of a sepa	aration agreement or divorce that you did not	t
■ N	lo	☐ Deb	ts to pension or profit-sharir	ng plans, and other similar debts	
ПΥ	es	Othe	er. Specify Medical		
			· · ·		

Case 20-10447-BFK Doc 14 Filed 03/03/20 Entered 03/03/20 13:24:17 Desc Main Document Page 14 of 52

Debtor	1 Patricia Ann Cvetnich		Case number (if known) 20-10447	
4.2	Ashley Funding Services, LLC	Last 4 digits of account number	A800	\$49.19
	Nonpriority Creditor's Name Resurgent Capital Services PO Box 10587	When was the debt incurred?		
	Greenville, SC 29603  Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	No	Debts to pension or profit-sharing	ng plans, and other similar debts	
	Yes	Other. Specify Medical		
4.3	Capital Accounts Nonpriority Creditor's Name	Last 4 digits of account number	6887	\$1,365.00
	Attn: Bankruptcy Dept Po Box 140065	When was the debt incurred?	Opened 11/19	
	Nashville, TN 37214  Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.	,		
	■ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	Student loans		
	debt Is the claim subject to offset?	report as priority claims	aration agreement or divorce that you did not	
	No	Debts to pension or profit-sharing	ng plans, and other similar debts	
	Yes	Other. Specify Collection	Attorney Life Chiropractic	
4.4	Chase Card Services Nonpriority Creditor's Name	Last 4 digits of account number	0773	\$3,839.00
	Attn: Bankruptcy Po Box 15298	When was the debt incurred?	Opened 11/15 Last Active 10/06/17	
	Wilmington, DE 19850  Number Street City State Zip Code	As of the date you file, the claim	is: Chack all that apply	
	Who incurred the debt? Check one.	As of the date you me, the dam	5. Offect all that apply	
	■ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt		aration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims  Debts to pension or profit-sharing	og plane, and other similar debte	
	■ No			
	☐ Yes	■ Other. Specify Credit Care	ג	

Case 20-10447-BFK Doc 14 Filed 03/03/20 Entered 03/03/20 13:24:17 Desc Main Document Page 15 of 52

Debtor	Patricia Ann Cvetnich		Case number (if known) 20-10447	
4.5	Citibank/Best Buy	Last 4 digits of account number	9190	\$468.00
	Nonpriority Creditor's Name Citicorp Credit Srvs/Centralized Bk dept Po Box 790034 St Louis, MO 63179	When was the debt incurred?	Opened 11/14 Last Active 10/13/17	-
	Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	■ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only	☐ Contingent ☐ Unliquidated		
	☐ At least one of the debtors and another ☐ Check if this claim is for a community	☐ Disputed  Type of NONPRIORITY unsecured  ☐ Student loans	d claim:	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims ☐ Debts to pension or profit-sharing	ration agreement or divorce that you did not	
	■ No □ Yes	Other. Specify Charge Acc	<b>01</b> ,	-
4.6	Discover Financial Nonpriority Creditor's Name	Last 4 digits of account number	9703	\$19,848.00
	Attn: Bankruptcy Po Box 3025 New Albany, OH 43054	When was the debt incurred?	Opened 03/10 Last Active 1/04/18	-
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	☐ Disputed  Type of NONPRIORITY unsecured	d claim:	
	Check if this claim is for a community debt		aration agreement or divorce that you did not	
	Is the claim subject to offset?  ■ No	report as priority claims  Debts to pension or profit-sharir	a plans, and other similar debts	
	□ Yes	Other. Specify Credit Card		-
4.7	Kohls/Capital One Nonpriority Creditor's Name	Last 4 digits of account number	5622	\$583.00
	Attn: Credit Administrator Po Box 3043 Milwaukee, WI 53201	When was the debt incurred?	Opened 12/15 Last Active 4/11/17	-
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	Debtor 1 only	Contingent		
	Debtor 2 only	Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed	Latet in	
	At least one of the debtors and another	Type of NONPRIORITY unsecured  Student loans	a ciaim:	
	☐ Check if this claim is for a community debt Is the claim subject to offset?		aration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	□ Yes	■ Other. Specify Charge Acc		
		— Other opening		_

Case 20-10447-BFK Doc 14 Filed 03/03/20 Entered 03/03/20 13:24:17 Desc Main Document Page 16 of 52

Debio	Patricia Ann Cvetnich	Case number (if known) 20-10447	
4.8	Marine Federal Credit	Last 4 digits of account number 0001	\$293.00
	Nonpriority Creditor's Name Attn: Bankruptcy Po Box 1551 Jacksonville, NC 28541	Opened 10/17 Last Active When was the debt incurred? 11/01/18	
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	Check if this claim is for a community debt	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims  ☐ Debts to pension or profit-sharing plans, and other similar debts	
	■ No		
	Yes	■ Other. Specify Deposit Related	
4.9	Quantum3 Group LLC Nonpriority Creditor's Name	Last 4 digits of account number 2494	\$369.26
	as Agent for MOMA Funding LLC PO Box 788 Kirkland, WA 98083	When was the debt incurred?	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	$\hfill \Box$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify Credit Card	
4.1	Stafford Hospital  Nonpriority Creditor's Name	Last 4 digits of account number 0500	\$2,129.00
	101 Hospital Center Blvd Stafford, VA 22554	When was the debt incurred? 10/23/2018	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	■ Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community debt	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	No	Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other Specify Medical	

Official Form 106 E/F

Case 20-10447-BFK Doc 14 Filed 03/03/20 Entered 03/03/20 13:24:17 Desc Main Document Page 17 of 52

Debioi	Patricia Ann Cvetnich		Case number (if known)	
4.1	United Consumers Inc	Last 4 digits of account number	2030	\$198.00
	Nonpriority Creditor's Name Attn: Bankruptcy Dept Po Box 4466	When was the debt incurred?	Opened 03/18	
	Woodbridge, VA 22192  Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim i	is: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts	
	Yes	■ Other. Specify Healthcare	Attorney Rappahannock Family	
4.1	Verizon Wireless	Last 4 digits of account number	0001	\$4,146.00
	Nonpriority Creditor's Name Attn: Verizon Bankruptcy 500 Technology Dr, Ste 500 Weldon Springs, MO 63304	When was the debt incurred?	Opened 09/15 Last Active 10/31/18	
	Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	□ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify Utility		
4.1	Wells Fargo Bank NA Nonpriority Creditor's Name	Last 4 digits of account number	8365	\$2,099.00
	Attn: Bankruptcy 1 Home Campus Mac X2303-01a Des Moines, IA 50328	When was the debt incurred?	Opened 01/15 Last Active 3/21/17	
	Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim i	is: Check all that apply	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community debt	☐ Student loans ☐ Obligations arising out of a sepa	ration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	<u> </u>	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	☐ Yes	■ Other. Specify Credit Card	I	

Part 3: List Others to Be Notified About a Debt That You Already Listed

<sup>5.</sup> Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you

Debtor 1 Patricia Ann Cvetnich

Case number (if known)

20-10447

have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

#### Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

				Total Claim
	6a.	Domestic support obligations	6a.	\$ 0.00
Total claims				
from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$ 0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$ 0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$ 0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$ 0.00
				Total Claim
Total	6f.	Student loans	6f.	\$ 0.00
claims from Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$ 0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$ 0.00
	6i.	<b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$ 35,415.35
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$ 35,415.35

Case 20-10447-BFK Doc 14 Filed 03/03/20 Entered 03/03/20 13:24:17 Desc Main Document Page 19 of 52

Fill in this infor	mation to identify your	case:		
Debtor 1	Patricia Ann Cve	tnich		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	EASTERN DISTRICT O	F VIRGINIA	
Case number	20-10447			
(if known)				Check if this is an amended filing

#### Official Form 106G

#### **Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - Tyes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

ı	Person or	company with	whom you have th , Street, City, State and ZIF	e contract or lease	State what the contract or lease is for
2.1					
	Name				
	Number	Street			
	City		State	ZIP Code	
2.2					
	Name				
	Number	Street			_
	City		State	ZIP Code	
2.3	Oity		Oldic	Zii Oodc	
	Name				_
	Number	Street			_
	City		State	ZIP Code	_
2.4					
	Name				<u> </u>
	Number	Street			<u> </u>
	City		State	ZIP Code	<u> </u>
2.5	- City		Oldio	211 0000	
	Name				_
	Number	Street			_
	City		State	ZIP Code	<u> </u>

Case 20-10447-BFK Doc 14 Filed 03/03/20 Entered 03/03/20 13:24:17 Desc Main Document Page 20 of 52

		Ducume	III Faye 20 C	JI 32	
Fill in this	information to identify your	case:			
Debtor 1	Patricia Ann Cvet	nich			
	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, filir	ng) First Name	Middle Name	Last Name		
	ites Bankruptcy Court for the:	EASTERN DISTRICT C			
Omica cia	neo Barmapio, Court for the.				
Case numb	ber <b>20-10447</b>				☐ Check if this is an
					amended filing
Official	l Form 106H				
	lule H: Your Cod	obtore			40/45
Scried	iule n. Toul Cou	EDIOI 2			12/15
1. Do <u>y</u>	and case number (if known)			as a codebtor.	
■ No □ Yes	3				
	hin the last 8 years, have you a, California, Idaho, Louisiana,				
	Go to line 3.  S. Did your spouse, former spouse.	use, or legal equivalent live	e with you at the time?		
in line Form	2 again as a codebtor only i	f that person is a guaran	tor or cosigner. Make	sure you have listed t	ng with you. List the person shown he creditor on Schedule D (Official Schedule E/F, or Schedule G to fill
	Column 1: Your codebtor Name, Number, Street, City, State and Zl	P Code		Column 2: The cre Check all schedul	editor to whom you owe the debt es that apply:
3.1				☐ Schedule D, lir	ne
	Name			☐ Schedule E/F,	line
				☐ Schedule G, lir	ne
	Number Street City	State	ZIP Code	<del>_</del>	
3.2	Nome			Schedule D, lir	
	Name			☐ Schedule E/F,	
_				☐ Schedule G, lir	ie
	Number Street City	State	ZIP Code		
			0000		

Schedule H: Your Codebtors

### Case 20-10447-BFK Doc 14 Filed 03/03/20 Entered 03/03/20 13:24:17 Desc Main Document Page 21 of 52

Fill	in this information to identify you	r case:				1				
		nn Cvetnich								
1 -	btor 2 buse, if filing)				_					
Uni	ited States Bankruptcy Court for t	he: EASTERN DISTRICT	OF VIRGINIA							
1	se number <b>20-10447</b>		-			Che	ck if this is	:		
(II KI	nown)							ent showin	g postpetition ollowing date:	chapter
0	fficial Form 106I						MM / DD/ `	YYYY		
S	chedule I: Your In	come								12/15
sup spo atta	as complete and accurate as population. If you are separated and you are separated and you a separate sheet to this form	ou are married and not fili our spouse is not filing w n. On the top of any additi	ng jointly, and your ith you, do not inclu	spouse ide infor	is liv mati	ing with	h you, incl ut your sp	ude inforrouse. If mo	nation about ore space is	your needed,
1.	Fill in your employment information.		Debtor 1				Debtor	2 or non-fi	ling spouse	
	If you have more than one job, attach a separate page with	Employment status	■ Employed	_			☐ Empl	•		
	information about additional employers.		☐ Not employed				⊔ Not €	employed		
	Include part-time, seasonal, or	Occupation	Logistician							
	self-employed work.	Employer's name	TriNet							
	Occupation may include studer or homemaker, if it applies.	t Employer's address	100 Greensprin Stafford, VA 22		!					
		How long employed t	here? April 2	019 - Pr	ese	nt				
Par	Give Details About M	lonthly Income								
	mate monthly income as of the use unless you are separated.	date you file this form. If	you have nothing to ι	eport for	any	line, wri	te \$0 in the	space. Inc	clude your nor	n-filing
	u or your non-filing spouse have e space, attach a separate sheet		ombine the information	on for all	empl	oyers fo	r that pers	on on the li	nes below. If y	you need
						For De	ebtor 1		btor 2 or ng spouse	
2.	List monthly gross wages, sa deductions). If not paid monthly			2.	\$		7,156.14	\$	N/A	
3.	Estimate and list monthly over	ertime pay.		3.	+\$		0.00	+\$	N/A	
4.	Calculate gross Income. Add	l line 2 + line 3.		4.	\$	7,1	156.14	\$	N/A	

Official Form 106I Schedule I: Your Income page 1

Deb	otor 1	Patricia Ann Cvetnich	-	(	Case	number (if kr	iown)	20-10	447		
						Debtor 1		non-f	ebtor iling s	pouse	
	Cop	by line 4 here	4.		\$_	7,156	5.14	\$		N/A	<u> </u>
5.	List	all payroll deductions:									
	5a.	Tax, Medicare, and Social Security deductions	58	a.	\$	546	6.03	\$		N/A	<u>.</u>
	5b.	Mandatory contributions for retirement plans	5b	Э.	\$_	(	0.00	\$		N/A	1
	5c.	Voluntary contributions for retirement plans	50		\$_	(	0.00	\$		N/A	_
	5d.	Required repayments of retirement fund loans	50		\$_		0.00	\$		N/A	_
	5e.	Insurance	56		\$_		<u>'.34</u>	\$		N/A	_
	5f.	Domestic support obligations	5f		\$_		0.00	\$		N/A	_
	5g. 5h.	Union dues Other deductions. Specify:	5g	კ. 1.+	\$ \$		0.00	+ \$		N/A N/A	_
_			_		-			· · · · · ·			_
6.		I the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.		\$ _		3.37	\$		N/A	_
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$ _	6,452	2.77	\$		N/A	<u> </u>
8.	List 8a.	all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total	0.4		Φ.			r.			
	٥L	monthly net income.	88		\$_		0.00	\$		N/A	_
	8b. 8c.	Interest and dividends  Family support payments that you, a non-filing spouse, or a dependent	8k	Э.	\$_		0.00	<b>»</b>		N/A	<u>\</u>
	00.	regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	80	<b>S</b> .	\$	200	0.00	\$		N/A	
	8d.	Unemployment compensation	80		<u> </u>		0.00	\$		N/A	_
	8e.	Social Security	86	Э.	\$		0.00	\$		N/A	
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:	8f		\$_		0.00	\$		N/A	_
	8g.	Pension or retirement income	80	_	\$_		0.00	\$		N/A	_
	8h.	Other monthly income. Specify:	_ 8r	า.+	\$_	(	0.00	+ \$		N/A	<u> </u>
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	. :	\$	200	0.00	\$		N/	A
10	Cal	culate monthly income. Add line 7 + line 9.	10.	\$		6,652.77	+ \$		N/A	= \$	6,652.77
		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.		_		0,002.77			IVA		0,002.77
11.	Star Incli othe Do	te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your er friends or relatives.  not include any amounts already included in lines 2-10 or amounts that are not acify:	dep			•		•	chedule 11.		0.00
12.		I the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certaillies							12.	\$	6,652.77
13.	Do	you expect an increase or decrease within the year after you file this form	?						ι	Combi	ned ly income
		No.									

Official Form 106l Schedule I: Your Income page 2

						ı		
Fill in	this informat	tion to identify yo	our case:					
Debtor	r 1	Patricia Ann	Cvetnic	h			eck if this is:	
Debtor	r 2						An amended filing  A supplement show	wing postpetition chapter
(Spous	se, if filing)						13 expenses as of	
United	d States Bankr	uptcy Court for the	: EASTE	RN DISTRICT OF VIRGIN	IIA		MM / DD / YYYY	
Case n		-10447						
Offi	icial Fo	rm 106J						
		J: Your	Exper	nses				12/15
Be as inform	s complete a mation. If moder ber (if know	and accurate as	possible eded, atta ry questio	. If two married people ar ich another sheet to this				
	Is this a join		enoia					
_	■ No. Go to		in a separ	ate household?				
-	_ 100. <b>200</b>		а сора					
	=	-	st file Offic	al Form 106J-2, Expenses	s for Separate House	ehold of Del	btor 2.	
2.	Do you have	e dependents?	□ No					
	Do not list De Debtor 2.	•	Yes.	Fill out this information for each dependent	Dependent's relat Debtor 1 or Debto		Dependent's age	Does dependent live with you?
	Do not state				Son		12	□ No ■ Yes
	асренаетто т	namos.					_ <del></del>	☐ No
					Son		14	■ Yes
								□ No
								Yes
								□ No □ Yes
e	expenses of	enses include f people other t d your depende	han _	No Yes				□ res
Part 2 Estim	2: Estima	ate Your Ongoi	ng Month our bankr	ly Expenses uptcy filing date unless y y is filed. If this is a supp				
the va		n assistance an		government assistance i cluded it on Schedule I: \			Your exp	enses
		r home owners		ses for your residence. I or lot.	nclude first mortgag	e 4.	\$	2,787.75
li	If not includ	ed in line 4:						
4	4a. Real e	state taxes				4a.	\$	0.00
4	4b. Propei	rty, homeowner's	s, or renter	's insurance		4b.		0.00
				upkeep expenses		4c.		10.00
		owner's associat		dominium dues <b>our residence</b> , such as ho	ma aquitu laana	4d. 5.	·	165.00 0.00

### Case 20-10447-BFK Doc 14 Filed 03/03/20 Entered 03/03/20 13:24:17 Desc Main Document Page 24 of 52

Deb	tor 1	Patricia Ann Cvetnich	Case numb	er (if known)	20-10447
6.	Utilit	es:			
	6a.	Electricity, heat, natural gas	6a.	\$	400.00
	6b.	Water, sewer, garbage collection	6b.	\$	50.00
	6c.	Telephone, cell phone, Internet, satellite, and cable services	6c.	\$	385.00
	6d.	Other. Specify:	6d.	\$	0.00
7.	Food	and housekeeping supplies	7.	\$	600.00
8.	Child	care and children's education costs	8.	\$	0.00
9.	Cloth	ing, laundry, and dry cleaning	9.	\$	25.00
10.	Pers	onal care products and services	10.	\$	25.00
11.	Medi	cal and dental expenses	11.	\$	680.00
12.	Tran	sportation. Include gas, maintenance, bus or train fare.			
		t include car payments.	12.	\$	200.00
13.	Ente	tainment, clubs, recreation, newspapers, magazines, and books	13.	\$	100.00
14.	Char	table contributions and religious donations	14.	\$	0.00
15.	Insu	ance.			
	Do no	ot include insurance deducted from your pay or included in lines 4 or 20.			
	15a.	Life insurance	15a.	\$	0.00
	15b.	Health insurance	15b.	\$	0.00
	15c.	Vehicle insurance	15c.	\$	135.00
	15d.	Other insurance. Specify:	15d.	\$	0.00
16.		s. Do not include taxes deducted from your pay or included in lines 4 or 20.		· -	
	Spec		16.	\$	0.00
17.		Ilment or lease payments:	_		
	17a.	Car payments for Vehicle 1	17a.	\$	0.00
	17b.	Car payments for Vehicle 2	17b.	\$	0.00
	17c.	Other. Specify:	17c.	\$	0.00
	17d.	Other. Specify:	17d.	\$	0.00
18.	Your	payments of alimony, maintenance, and support that you did not report as		_	
		cted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.	·	0.00
19.		payments you make to support others who do not live with you.		\$	0.00
	Spec	·	19.		
20.		real property expenses not included in lines 4 or 5 of this form or on Sched			
		Mortgages on other property	20a.		0.00
	20b.	Real estate taxes	20b.	\$	0.00
	20c.	Property, homeowner's, or renter's insurance	20c.	\$	0.00
	20d.	Maintenance, repair, and upkeep expenses	20d.	\$	0.00
	20e.	Homeowner's association or condominium dues	20e.	\$	0.00
21.	Othe	: Specify:	21.	+\$	0.00
	٠.				
22.		late your monthly expenses		•	
		Add lines 4 through 21.		\$	5,562.75
	22b.	Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	
	22c.	Add line 22a and 22b. The result is your monthly expenses.		\$	5,562.75
22	Calc	ulate your monthly net income	Į		
۷٥.		Ilate your monthly net income.	000	¢.	6 650 77
		Copy line 12 (your combined monthly income) from Schedule I.	23a.	·	6,652.77
	23b.	Copy your monthly expenses from line 22c above.	23b.	-\$	5,562.75
	23c	Subtract your monthly expenses from your monthly income.			
	250.	The result is your <i>monthly net income</i> .	23c.	\$	1,090.02
		•	ı	,	
24.		ou expect an increase or decrease in your expenses within the year after you			
		ample, do you expect to finish paying for your car loan within the year or do you expect your	mortgage p	ayment to incre	ase or decrease because of a
		cation to the terms of your mortgage?			
	■ No				
	□ Ye	s. Explain here:			

# Case 20-10447-BFK Doc 14 Filed 03/03/20 Entered 03/03/20 13:24:17 Desc Main Document Page 25 of 52

Fill in this info	ormation to identify your	caso:				
Debtor 1						
Deptor 1	Patricia Ann Cvet	Middle Name	Las	st Name		
Debtor 2						
(Spouse if, filing)	First Name	Middle Name	Las	st Name		
United States	Bankruptcy Court for the:	EASTERN DISTRICT O	OF VIRGINIA	1		
Case number	20-10447					
(if known)						Check if this is an amended filing
You must file took	people are filing together this form whenever you fi ney or property by fraud in . 18 U.S.C. §§ 152, 1341, 1	le bankruptcy schedules	s or amend	ed schedules. Making a	false statement, cor	
s	ign Below					
Did you	pay or agree to pay some	one who is NOT an atto	rney to help	you fill out bankruptcy	forms?	
■ No						
☐ Yes	. Name of person					tition Preparer's Notice, ature (Official Form 119)
	nalty of perjury, I declare are true and correct.	that I have read the sum	nmary and s	chedules filed with this	declaration and	
X /s/ P	atricia Ann Cvetnich		Х			
Patri	icia Ann Cvetnich			Signature of Debtor 2		
Date	March 3, 2020			Date		

### Case 20-10447-BFK Doc 14 Filed 03/03/20 Entered 03/03/20 13:24:17 Desc Main Document Page 26 of 52

Fill in this information to identify you	r case:			
Debtor 1 Patricia Ann Cve				
First Name  Debtor 2	Middle Name	Last Name		
(Spouse if, filing) First Name	Middle Name	Last Name		
United States Bankruptcy Court for the:	EASTERN DISTRICT OF	VIRGINIA		
Case number <b>20-10447</b>				
(if known)				Check if this is an
			a	mended filing
Official Form 107				
Statement of Financial A	Affairs for Individ	luals Filing for B	ankruptcy	4/19
Be as complete and accurate as possi				
information. If more space is needed, number (if known). Answer every ques		this form. On the top of any	/ additional pages, write you	ir name and case
Part 1: Give Details About Your Ma	arital Status and Where You	Lived Before		
What is your current marital statu	IS?			
☐ Married				
Not married				
2. During the last 3 years, have you	lived anywhere other than v	where you live now?		
□ No				
Yes. List all of the places you I	ived in the last 3 years. Do no	ot include where you live now	<b>'.</b>	
Debtor 1 Prior Address:	Dates Debtor 1	Debtor 2 Prior Ad	dress:	Dates Debtor 2
	lived there			lived there
2100 Mosaic Lane Knoxville, TN 37924	From-To:	☐ Same as Debtor		☐ Same as Debtor 1 From-To:
Micking, 111 0702-7				
<ol><li>Within the last 8 years, did you ev states and territories include Arizona, Ca</li></ol>				
_	,,		, ·, · ·g ·	,
No	hadula III Varim Cadabtara (Of	ficial Form 106U)		
Yes. Make sure you fill out <i>Sch</i>	nedule H: Your Codeptors (Of	iiciai Form 106H).		
Part 2 Explain the Sources of You	r Income			
4. Did you have any income from en	nplovment or from operatin	g a business during this ve	ear or the two previous cale	ndar vears?
Fill in the total amount of income yo If you are filing a joint case and you	u received from all jobs and a	all businesses, including part-	time activities.	,
ii you are iiiing a joint case and you	nave income that you receive	e together, list it only once ur	idel Deblor 1.	
□ No				
Yes. Fill in the details.				
	Debtor 1		Debtor 2	
	Sources of income Check all that apply.	Gross income (before deductions and	Sources of income Check all that apply.	Gross income (before deductions
	oneck all that apply.	exclusions)	oneon all that apply.	and exclusions)
From January 1 of current year until	Wages commissions	\$12,927.23	☐ Wages, commissions.	
From January 1 of current year until the date you filed for bankruptcy:	■ Wages, commissions, bonuses, tips	\$12,927.23	☐ Wages, commissions, bonuses, tips	

Statement of Financial Affairs for Individuals Filing for Bankruptcy

Official Form 107

Case 20-10447-BFK Doc 14 Filed 03/03/20 Entered 03/03/20 13:24:17 Desc Main Document Page 27 of 52

Debtor 1 Patricia Ann Cvetnich Page 27 of 52

Case number (if known) 20-10447

					Debtor 1					Debtor 2		
					Sources of Check all the		(befo	ss income ore deductions usions)	and	Sources of in Check all that		Gross income (before deductions and exclusions)
	r last caler nuary 1 to			1, 2019 )	■ Wages, bonuses, ti	commissions,		\$56,758	8.80	☐ Wages, cor bonuses, tips	nmissions,	
					☐ Operati	ng a business				☐ Operating a	business	
	r the calen nuary 1 to				■ Wages, bonuses, ti	commissions,		\$2,780	0.33	☐ Wages, cor bonuses, tips	nmissions,	
					☐ Operati	ng a business				☐ Operating a	business	
	and other winnings.  List each	public If you sourc	benefit are filin	payments; g a joint cas e gross inco	pensions; re se and you ha		erest; divi you rece	idends; money eived together,	collecte list it or	ed from lawsuits lly once under D	; royalties; and ebtor 1.	ecurity, unemploymen I gambling and lottery
					Dobtor 1					Debtor 2		
					Debtor 1 Sources of Describe be		each (befo	ss income from source ore deductions usions)		Sources of in Describe below		Gross income (before deductions and exclusions)
Ра	rt 3: Lis	t Cert	ain Pay	ments You	Made Befor	e You Filed for	Bankru	ptcy				
6.	Are eithe ☐ No.	Neitindiv	ther Del vidual pr ing the 9 No. Yes	otor 1 nor E rimarily for a 90 days befo Go to line 7 List below e paid that cr not include	Debtor 2 has personal, fa pre you filed for each creditor editor. Do no payments to	mily, or househor for bankruptcy, do to whom you pa	umer de old purpo lid you pa nid a tota nts for de this bank	ebts. Consume ose."  ay any creditor  I of \$6,825* or omestic suppor	a total more in rt obliga	of \$6,825* or mo one or more pa tions, such as c	ore? yments and th hild support an	(8) as "incurred by ar ne total amount you nd alimony. Also, do
	Yes.					primarily const for bankruptcy, d			a total	of \$600 or more	?	
			No.	Go to line 7								
				include pay		mestic support o						creditor. Do not nolude payments to ar
	Creditor	's Na	me and	Address		Dates of paymo	ent	Total amou		Amount you	Was this p	ayment for
								pa	aid	still owe		

Case 20-10447-BFK Doc 14 Filed 03/03/20 Entered 03/03/20 13:24:17 Desc Main Document Page 28 of 52

Case number (if known) 20-10447 Debtor 1 Patricia Ann Cvetnich Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and No ☐ Yes. List all payments to an insider. **Insider's Name and Address Dates of payment Total amount** Amount you Reason for this payment still owe paid Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider. Yes. List all payments to an insider **Insider's Name and Address Dates of payment Total amount** Amount you Reason for this payment paid still owe Include creditor's name Identify Legal Actions, Repossessions, and Foreclosures Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. Nο Yes. Fill in the details. Case title Nature of the case Court or agency Status of the case Case number Stafford Hospital Collections **Stafford General District** □ Pending Court VS □ On appeal Patricia Cvetnich Concluded GV18004205-00 Creditor obtained judgment against debtor on 10/23/18 in the amount of \$2,129 **Aquia Harbor Property Owners** Collections **Stafford General District** □ Pending Asso. Court □ On appeal vs Concluded Patricia Cvetnich GV17004691-00 Creditor obtained judgment against debtor on 1/29/18 for the amount of \$3.621 10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below.

No. Go to line 11.

Yes. Fill in the information below.

Creditor Name and Address

Describe the Property

Explain what happened

Date

Value of the property

Case 20-10447-BFK Doc 14 Filed 03/03/20 Entered 03/03/20 13:24:17 Desc Main Document Page 29 of 52

1 Patricia Ann Cvetnich Case number (if known) 20-10447

De	ebtor 1 Patricia Ann Cvetnich		Ca	ase number (if known)	20-10447				
11.	Within 90 days before you filed for bar accounts or refuse to make a payment  No Yes. Fill in the details.			financial institution	, set off any	amounts from your			
	Creditor Name and Address	De	escribe the action the creditor took	Date	action was	Amount			
				taken					
12.	Within 1 year before you filed for bank court-appointed receiver, a custodian,			sion of an assigne	e for the ben	efit of creditors, a			
	■ No □ Yes								
Pa	List Certain Gifts and Contributi	ons							
13.	Within 2 years before you filed for ban  No	kruptcy,	did you give any gifts with a total valu	e of more than \$60	0 per person	?			
	☐ Yes. Fill in the details for each gift.								
	Gifts with a total value of more than \$ per person	6600	Describe the gifts	Dates the g	s you gave ifts	Value			
	Person to Whom You Gave the Gift at Address:	nd							
14.	Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?								
	Yes. Fill in the details for each gift or contribution.								
	Gifts or contributions to charities that total more than \$600 Charity's Name		Describe what you contributed		s you ibuted	Value			
	Address (Number, Street, City, State and ZIP C	oue)							
Pa	art 6: List Certain Losses								
15.	Within 1 year before you filed for bank or gambling?	ruptcy or	since you filed for bankruptcy, did yo	ou lose anything be	cause of the	ft, fire, other disaster			
	■ No □ Yes. Fill in the details.								
	Describe the property you lost and	Descr	ibe any insurance coverage for the lo		of your	Value of property			
	how the loss occurred		e the amount that insurance has paid. Lisunce claims on line 33 of Schedule A/B: F			lost			
Pa	art 7: List Certain Payments or Transfe	ers							
16.	Within 1 year before you filed for bank consulted about seeking bankruptcy of Include any attorneys, bankruptcy petition	or prepari	ng a bankruptcy petition?			erty to anyone you			
	_			,,,,					
	□ No								
	Yes. Fill in the details.								
	Person Who Was Paid Address		Description and value of any prope transferred		payment nsfer was	Amount of payment			
	Email or website address Person Who Made the Payment, if No	t You		made		paymon			
	Tate Bywater 2740 Chain Bridge Road Vienna, VA 22181			2/12/	20	\$1,650.00			

Case 20-10447-BFK Doc 14 Filed 03/03/20 Entered 03/03/20 13:24:17 Desc Main Document Page 30 of 52

Debtor 1 Patricia Ann Cvetnich Case number (if known) 20-10447

17.	Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?  Do not include any payment or transfer that you listed on line 16.								
	☐ Yes. Fill in the details.								
	Person Who Was Paid Address	Description and vatransferred	alue of any prope	erty	Date payment or transfer was made	Amount of payment			
					muuc				
18.	Within 2 years before you filed for bankruptcy, of transferred in the ordinary course of your busing line with transfers and transfers made a findly gifts and transfers that you have already list	ess or financial affair as security (such as th	rs?						
	■ No								
	Yes. Fill in the details.								
		5 14 1			,	5			
	Person Who Received Transfer Address	Description and va property transferre			ny property or received or debts hange	Date transfer was made			
	Person's relationship to you								
19.	Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)  No								
	☐ Yes. Fill in the details.								
	Name of trust	Description and value of the property transferred			d	Date Transfer was made			
Par	8: List of Certain Financial Accounts, Instrur	nents, Safe Deposit	Boxes, and Stor	age Units					
20.	Within 1 year before you filed for bankruptcy, we sold, moved, or transferred? Include checking, savings, money market, or oth houses, pension funds, cooperatives, association No  Yes, Fill in the details.	her financial accoun	ts; certificates o			, ,			
		st 4 digits of count number	Type of accoun instrument	clos	e account was sed, sold, ved, or asferred	Last balance before closing or transfer			
21.	Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?								
	■ No □ Yes. Fill in the details.								
	Name of Financial Institution	Who else had access to it? Desc		escribe the c	ontonte	Do you still			
	Address (Number, Street, City, State and ZIP Code)	Address (Number, State and ZIP Code)		rescribe trie c	ontents	have it?			
22.	Have you stored property in a storage unit or pla	ace other than your	home within 1 ye	ear before yo	u filed for bankruptcy	?			
	■ No								
	Yes. Fill in the details.								
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or had access to it?		Describe the contents		Do you still have it?			
		Address (Number, State and ZIP Code)	reet, City,						

Case 20-10447-BFK Doc 14 Filed 03/03/20 Entered 03/03/20 13:24:17 Desc Main Document Page 31 of 52

Debtor 1 Patricia Ann Cvetnich Case number (if known) 20-10447

Pai	t 9: Identify Property You Hold or Control for	Someone Else							
23.	Do you hold or control any property that some for someone.	one else owns? Include any prope	rty you borrowed from, are storing for	r, or hold in trust					
	□ No ■ Yes. Fill in the details.								
	Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	Describe the property	Value Unknown					
	Benny Williams 2024 Mosaic Lane Knoxville, TN 37924	209 Fathom Cove Stafford, VA 22554	2008 Honda Accord. Family member lent vehicle to debtor to drive since June 7, 2019. Debtor pays for car insurance.						
Pai	rt 10: Give Details About Environmental Inform	ation							
For	the purpose of Part 10, the following definitions	apply:							
	Environmental law means any federal, state, or toxic substances, wastes, or material into the a regulations controlling the cleanup of these su	ir, land, soil, surface water, groun	•						
	Site means any location, facility, or property as to own, operate, or utilize it, including disposal		law, whether you now own, operate,	or utilize it or used					
	Hazardous material means anything an enviror hazardous material, pollutant, contaminant, or		s waste, hazardous substance, toxic s	substance,					
Rep	ort all notices, releases, and proceedings that y	ou know about, regardless of whe	n they occurred.						
24.	Has any governmental unit notified you that yo	u may be liable or potentially liable	e under or in violation of an environm	ental law?					
	■ No								
	Yes. Fill in the details.								
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State an ZIP Code)	Environmental law, if you know it	Date of notice					
25.	Have you notified any governmental unit of any release of hazardous material?								
	No								
	Yes. Fill in the details.								
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State ar ZIP Code)	Environmental law, if you know it	Date of notice					
26.	Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.								
	■ No □ Yes. Fill in the details.								
	Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case					
Pai	rt 11: Give Details About Your Business or Cor	nnections to Any Business							
27.	Within 4 years before you filed for bankruptcy,	did you own a business or have a	ny of the following connections to any	/ business?					
	☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time								
	☐ A member of a limited liability company	(LLC) or limited liability partnersh	nip (LLP)						
	☐ A partner in a partnership								

Case 20-10447-BFK Doc 14 Filed 03/03/20 Entered 03/03/20 13:24:17 Page 32 of 52 Document Case number (if known) 20-10447 Debtor 1 Patricia Ann Cvetnich ☐ An officer, director, or managing executive of a corporation ☐ An owner of at least 5% of the voting or equity securities of a corporation No. None of the above applies. Go to Part 12. Yes. Check all that apply above and fill in the details below for each business. Describe the nature of the business **Employer Identification number** Do not include Social Security number or ITIN. Address (Number, Street, City, State and ZIP Code) Name of accountant or bookkeeper Dates business existed 28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. ■ No Yes. Fill in the details below. **Date Issued Address** (Number, Street, City, State and ZIP Code) Part 12: Sign Below I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ Patricia Ann Cvetnich Patricia Ann Cvetnich Signature of Debtor 2 Signature of Debtor 1 Date March 3, 2020 **Date** Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? No ☐ Yes Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). ☐ Yes. Name of Person

Case 20-10447-BFK Doc 14 Filed 03/03/20 Entered 03/03/20 13:24:17 Desc Main Document Page 33 of 52

### United States Bankruptcy Court Eastern District of Virginia

In re			No.	20-10447	
	Deb	otor(s) Chap	oter	13	_
	DISCLOSURE OF COMPENSATION	N OF ATTORNEY FO	OR D	<u>EBTOR</u>	
C	Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I compensation paid to me, for services rendered or to be rendered on bankruptcy case is as follows:				
	For legal services, I have agreed to accept	\$		3,000.00	
	Prior to the filing of this statement I have received	\$		1,650.00	
	Balance Due	\$		1,350.00	
2. \$	310.00 of the filing fee has been paid.				
3. 7	The source of the compensation paid to me was:				
	$\blacksquare  \text{Debtor}   \Box  \text{Other} (specify)$				
4. 7	The source of compensation to be paid to me is:				
	$\blacksquare  \text{Debtor} \qquad  \Box  \text{Other} \left( specify \right)$				
5.	■ I have not agreed to share the above-disclosed compensation with a	ny other person unless they are	memb	pers and associates of my law firm	ı.
	☐ I have agreed to share the above-disclosed compensation with a per copy of the agreement, together with a list of the names of the peop				
a b c	In return for the above-disclosed fee, I have agreed to render legal servia. Analysis of the debtor's financial situation, and rendering advice to to Preparation and filing of any petition, schedules, statement of affairs. Representation of the debtor at the meeting of creditors and confirm. Representation of the debtor in adversary proceedings and other confidence. Other provisions as needed:	he debtor in determining wheth and plan which may be requiration hearing, and any adjourned	ner to fi ed;	ile a petition in bankruptcy;	

By agreement with the debtor(s), the above-disclosed fee does not include the following services:

### Case 20-10447-BFK Doc 14 Filed 03/03/20 Entered 03/03/20 13:24:17 Desc Main Document Page 34 of 52

**CERTIFICATION** 

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

March	3, 2020		
Date			

Isl Gary B. Fuller, Esq. Gary B. Fuller, Esq. 42132
Signature of Attorney

Tate, Bywater, Fuller, Mickelsen & Tull, PLC

Name of Law Firm 2740 Chain Bridge Road Vienna, VA 22181 703-938-5100 Fax: 703-255-1097

For use in Chapter 13 Cases where Fees Requested Not in Excess of \$5,296 (For all Cases Filed on or after 01/01/2019)

# NOTICE TO DEBTOR(S), STANDING CHAPTER 13 TRUSTEE AND UNITED STATES TRUSTEE PURSUANT TO LOCAL BANKRUPTCY RULE 2016-1(C) AND CLERK'S CM/ECF POLICY 9

Notice is hereby given that pursuant to Local Bankruptcy Rule 2016-1(C), you must file an objection with the court to the fees requested in this disclosure of compensation opposing said fees in their entirety, or in a specific amount, no later than the last day for filing objections to confirmation of the chapter 13 plan.

#### PROOF OF SERVICE

The undersigned hereby certifies that on this date the foregoing Notice was served upon the debtor(s), the standing Chapter 13 trustee, and U. S. trustee pursuant to Local Bankruptcy Rule 2016-1(C) and the Clerk's CM/ECF Policy 9, either electronically or in paper form (first class mail).

March 3, 2020	
Date	

Isl Gary B. Fuller, Esq.
Gary B. Fuller, Esq. 42132
Signature of Attorney

Fill in this inforr	Fill in this information to identify your case:							
Debtor 1	Patricia Ann Cvetnich							
Debtor 2 (Spouse, if filing)								
United States E	Bankruptcy Court for the: Eastern District of Virginia							
Case number (if known)	20-10447							

Check	Check as directed in lines 17 and 21:						
	According to the calculations required by this Statement:						
	1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3).						
	2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).						
	3. The commitment period is 3 years.						
	4. The commitment period is 5 years.						
	☐ Check if this is an amended filing						

#### Official Form 122C-1

### **Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period**

10/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

I	Part	:1: Calculate Your Average Monthly Income	•					
	1.	What is your marital and filing status? Check one of	only.					
		■ Not married. Fill out Column A, lines 2-11.						
		☐ Married. Fill out both Columns A and B, lines 2-11	•					
	10 th	ill in the average monthly income that you received from a 01(10A). For example, if you are filing on September 15, the 6-e 6 months, add the income for all 6 months and divide the tobouses own the same rental property, put the income from that	month peri al by 6. Fill	iod would I in the re	l be March 1 throusult. Do not includ	igh August 31. If the am le any income amount n	ount of your monthly incom nore than once. For exampl	e varied during e, if both
						Column A Debtor 1	Column B Debtor 2 or non-filing spouse	
	2.	Your gross wages, salary, tips, bonuses, overtime payroll deductions).	, and co	mmissio	ons (before all	\$	\$	
	3.	<b>Alimony and maintenance payments.</b> Do not includ Column B is filled in.	e paymeı	nts from	a spouse if	\$	\$	
4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Do not include payments from a spouse. Do not include payments you listed on line 3.					r contributions nts, parents,	\$0.00	\$	
	5.	Net income from operating a business, profession, or farm	Debtor	1				
		Gross receipts (before all deductions)	\$	0.00				
		Ordinary and necessary operating expenses	-\$	0.00				
		Net monthly income from a business, profession, or fa	ırm \$	0.00	Copy here ->	\$	\$	
	6.	Net income from rental and other real property	Debtor					
		Gross receipts (before all deductions)	\$	0.00				
		Ordinary and necessary operating expenses	<b>-</b> \$	0.00			_	
		Net monthly income from rental or other real property	\$	0.00	Copy here ->	\$ 0.00	\$	

Official Form 122C-1 Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

Case 20-10447-BFK Doc 14 Filed 03/03/20 Entered 03/03/20 13:24:17 Desc Main Document Page 36 of 52

Petricia Ann Cvetnich				Case number (if ki	nown) <b>20-1044</b>	20-10447		
				Column A Debtor 1	Column E Debtor 2 non-filing	or		
7. In	terest, dividends, and royalties			\$ 0	.00 \$			
8. <b>U</b> r	nemployment compensation			\$ 0	.00 \$			
	o not enter the amount if you contend that a Social Security Act. Instead, list it here:	the amount received was	s a benefit under					
	For you	\$	0.00					
	For you_ For your spouse	\$						
be no Ur dis pa do	ension or retirement income. Do not incline in the Social Security Act. Also, on the include any compensation, pension, pay inted States Government in connection wite sability, or death of a member of the uniforty paid under chapter 61 of title 10, then in estimated the interest of the amount of retired pay to etired under any provision of title 10 others.	except as stated in the ne, , annuity, or allowance p h a disability, combat-rel med services. If you reco clude that pay only to the o which you would other	ext sentence, do aid by the lated injury or eived any retired e extent that it wise be entitled	\$0	.00 \$			
Do red do Ur dis	come from all other sources not listed a onot include any benefits received under to ceived as a victim of a war crime, a crime mestic terrorism; or compensation, pensionited States Government in connection with sability, or death of a member of the unifor urces on a separate page and put the total	the Social Security Act; p against humanity, or inte on, pay, annuity, or allow h a disability, combat-rel med services. If necessa	payments ernational or ance paid by the ated injury or					
				\$ <b>0</b>	.00 \$			
				\$0	.00 \$			
	Total amounts from separate pages	s, if any.	+	\$ 0	.00 \$			
	ch column. Then add the total for Column  Determine How to Measure Your D	A to the total for Column	n B. \$	7,839.76 +	\$		7,839.76  otal average onthly income	<del></del>
12. <b>C</b> c 13. <b>C</b> c	opy your total average monthly income	from line 11.				\$	7,839.76	<u> </u>
	You are not married. Fill in 0 below.							
	You are married and your spouse is fili	na with you. Fill in 0 belo	W.					
		t filing with you. n line 11, Column B, that pouse's tax liability or the	was NOT regula spouse's suppo	t of someone oth	ner than you or yo	our depend	dents.	
	adjustments on a separate page.  If this adjustment does not apply, enter			otou to odon pu	, pood, 11 1100000a.	,, aaa.	uoa.	
	and dajasanoni does not apply, enter	5 2010 III.	\$					
			\$					
			+\$					
	Total		\$	0.00	Copy here=>		0.	.00
14. <b>Y</b>	our current monthly income. Subtract	ine 13 from line 12.				\$	7,839.76	 -
15. <b>C</b>	calculate your current monthly income	for the year. Follow the	se steps:					
	5a. Copy line 14 here=>	-				\$	7,839.76	3
	55. 50pj mio 17 moro					Ψ		_

Debtor 1

## Case 20-10447-BFK Doc 14 Filed 03/03/20 Entered 03/03/20 13:24:17 Desc Main Document Page 37 of 52

Debtor 1	Patricia Ann Cvetnich	Case number (if known)	20-10447	
	Multiply line 15a by 12 (the number of months in a year).		X	12
15	o. The result is your current monthly income for the year for this pa	art of the form.	\$	94,077.12

Case 20-10447-BFK Doc 14 Filed 03/03/20 Entered 03/03/20 13:24:17 Desc Main Document Page 38 of 52

Debt	or 1	Patricia Ann Cvetnich		Case number (if known)	20-10447
16	. Cal	culate the median family income that applies to y	ou. Follow these ste	eps:	
	16a	. Fill in the state in which you live.	VA		
	16b	. Fill in the number of people in your household.	3		
		Fill in the median family income for your state and	size of household.		<sub>\$</sub> 90,358.00
		To find a list of applicable median income amounts instructions for this form. This list may also be avai			·····
17	7. <b>Hov</b> 17a	w do the lines compare?	on the ten of page 1	of this form shock how 1. Disnos	sable income is not determined under
		11 U.S.C. § 1325(b)(3). <b>Go to Part 3.</b> Do N	OT fill out Calculation	on of Your Disposable Income (C	Official Form 122C-2).
	17b	<ul> <li>Line 15b is more than line 16c. On the top 1325(b)(3). Go to Part 3 and fill out Calcuyour current monthly income from line 14 a</li> </ul>	lation of Your Disp		
Par	t 3:	Calculate Your Commitment Period Under 11	U.S.C. § 1325(b)(4)		
18.	Cop	by your total average monthly income from line 1	1		\$\$
19.	con	duct the marital adjustment if it applies. If you are tend that calculating the commitment period under 1 use's income, copy the amount from line 13.	married, your spous 1 U.S.C. § 1325(b)(4	te is not filing with you, and you 4) allows you to deduct part of you	pur
	•	. If the marital adjustment does not apply, fill in 0 on	line 19a.		-\$0.00
	19b	. Subtract line 19a from line 18.			\$
20.		culate your current monthly income for the year.	Follow these steps:		7 920 76
	20a	. Copy line 19b			\$
		Multiply by 12 (the number of months in a year).			<b>x</b> 12
	201-	The second is a second second by in a second			\$ 94,077.12
	200	. The result is your current monthly income for the you	ear for this part of th	e torm	\$ 94,077.12
	20c	. Copy the median family income for your state and	size of household fro	om line 16c	\$ 90,358.00
	21.	How do the lines compare?			
		Line 20b is less than line 20c. Unless otherwise period is 3 years. Go to Part 4.	se ordered by the co	urt, on the top of page 1 of this f	form, check box 3, The commitment
		Line 20b is more than or equal to line 20c. Un commitment period is 5 years. Go to Part 4.	less otherwise order	red by the court, on the top of pa	ge 1 of this form, check box 4, The
Par	t 4:	Sign Below			
	By s	signing here, under penalty of perjury I declare that t	he information on th	s statement and in any attachme	ents is true and correct.
)	<b>(</b> /s/	/ Patricia Ann Cvetnich			
	Pa	atricia Ann Cvetnich gnature of Debtor 1			
	•	e March 3, 2020			
		MM / DD / YYYY			
	-	ou checked 17a, do NOT fill out or file Form 122C-2.			
	If yo	ou checked 17b, fill out Form 122C-2 and file it with t	his form. On line 39	of that form, copy your current n	nonthly income from line 14 above.

## Case 20-10447-BFK Doc 14 Filed 03/03/20 Entered 03/03/20 13:24:17 Desc Main Document Page 39 of 52

Fill in t	his information to identify your case:	
Debtor	Patricia Ann Cvetnich	_
Debtor (Spous	e, if filing)	-
United	States Bankruptcy Court for the: Eastern District of Virginia	_
Case n (if know	umber <b>20-10447</b> vn)	☐ Check if this is an amended filing
	Form 122C-2 pter 13 Calculation of Your Disposable	Income 04/19
	ut this form, you will need your completed copy of <i>Chapter 13 State</i> tment Period (Official Form 122C-1).	ment of Your Current Monthly Income and Calculation of
space is	omplete and accurate as possible. If two married people are filing to s needed, attach a separate sheet to this form, Include the line numb nal pages, write your name and case number (if known).	
Part 1:	Calculate Your Deductions from Your Income	
the c	Internal Revenue Service (IRS) issues National and Local Standards questions in lines 6-15. To find the IRS standards, go online using the mation may also be available at the bankruptcy clerk's office.	
expe	uct the expense amounts set out in lines 6-15 regardless of your actual express if they are higher than the standards. Do not include any operating C-1, and do not deduct any amounts that you subtracted from your spous	expenses that you subtracted from income in lines 5 and 6 of Form
If you	ur expenses differ from month to month, enter the average expense.	
Note	: Line numbers 1-4 are not used in this form. These numbers apply to inf	ormation required by a similar form used in chapter 7 cases.
5.	The number of people used in determining your deductions from in	come
	Fill in the number of people who could be claimed as exemptions on you plus the number of any additional dependents whom you support. This nathenumber of people in your household.	
Natio	onal Standards You must use the IRS National Standards to a	nswer the questions in lines 6-7.
6.	<b>Food, clothing, and other items:</b> Using the number of people you ente Standards, fill in the dollar amount for food, clothing, and other items.	red in line 5 and the IRS National \$
7.	Out-of-pocket health care allowance: Using the number of people you the dollar amount for out-of-pocket health care. The number of people is people who are 65 or olderbecause older people have a higher IRS allohigher than this IRS amount, you may deduct the additional amount on li	split into two categoriespeople who are under 65 and owance for health car costs. If your actual expenses are

Official Form 122C-2

#### Case 20-10447-BFK Doc 14 Filed 03/03/20 Entered 03/03/20 13:24:17 Desc Mair Document Page 40 of 52

Patricia Ann Cvetnich 20-10447 Debtor 1 Case number (if known) People who are under 65 years of age 7a. Out-of-pocket health care allowance per person 7b. Number of people who are under 65 3 7c. Subtotal. Multiply line 7a by line 7b. 165.00 Copy here=> 165.00 People who are 65 years of age or older 7d. Out-of-pocket health care allowance per person 114 7e. Number of people who are 65 or older 0 7f. Subtotal. Multiply line 7d by line 7e. 0.00 0.00 Copy here=> 7g. Total. Add line 7c and line 7f 165.00 165.00 Copy total here=> Local Standards You must use the IRS Local Standards to answer the questions in lines 8-15. Based on information from the IRS, the U.S. Trustee Program has divided the IRS Local Standard for housing for bankruptcy purposes into two parts: Housing and utilities - Insurance and operating expenses Housing and utilities - Mortgage or rent expenses To answer the questions in lines 8-9, use the U.S. Trustee Program chart. To find the chart, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office. Housing and utilities - Insurance and operating expenses: Using the number of people you entered in line 5, fill 633.00 in the dollar amount listed for your county for insurance and operating expenses. Housing and utilities - Mortgage or rent expenses: 9a. Using the number of people you entered in line 5, fill in the dollar amount 1,931.00 listed for your county for mortgage or rent expenses. 9b. Total average monthly payment for all mortgages and other debts secured by your home. To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Next divide by 60. Name of the creditor Average monthly payment **Aguia Harbor Property Owners A** 165.00 Flagstar Bank 2,787.75 Copy Repeat this amount 2,952.75 2,952.75 9b. Total average monthly payment here=> on line 33a. 9c. Net mortgage or rent expense. Subtract line 9b (total average monthly payment) from line 9a (mortgage Copy 0.00 0.00 or rent expense). If this number is less than \$0, enter \$0. here=> 10. If you claim that the U.S. Trustee Program's division of the IRS Local Standard for housing is incorrect and

Explain why:

affects the calculation of your monthly expenses, fill in any additional amount you claim.

0.00

Case 20-10447-BFK Doc 14 Filed 03/03/20 Entered 03/03/20 13:24:17 Desc Mair Document Page 41 of 52

Patricia Ann Cvetnich 20-10447 Debtor 1 Case number (if known) 11. Local transportation expenses: Check the number of vehicles for which you claim an ownership or operating expense. ☐ 0. Go to line 14. 1. Go to line 12. 2 or more. Go to line 12. 12. Vehicle operation expense: Using the IRS Local Standards and the number of vehicles for which you claim the 242.00 operating expenses, fill in the Operating Costs that apply for your Census region or metropolitan statistical area. 13. Vehicle ownership or lease expense: Using the IRS Local Standards, calculate the net ownership or lease expense for each vehicle below. You may not claim the expense if you do not make any loan or lease payments on the vehicle. In addition, you may not claim the expense for more than two vehicles. Vehicle 1 **Describe Vehicle 1:** 13a. Ownership or leasing costs using IRS Local Standard..... 0.00 13b. Average monthly payment for all debts secured by Vehicle 1. Do not include costs for leased vehicles. To calculate the average monthly payment here and on line 13e, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60. Average monthly Name of each creditor for Vehicle 1 payment -NONE-Repeat this Copy amount on Total Average Monthly Payment 0.00 0.00 here => Copy net 13c. Net Vehicle 1 ownership or lease expense Vehicle 1 Subtract line 13b from line 13a. if this number is less than \$0, enter \$0. ..... expense here 0.00 0.00 Vehicle 2 Describe Vehicle 2: 13d. Ownership or leasing costs using IRS Local Standard..... 0.00 13e. Average monthly payment for all debts secured by Vehicle 2. Do not include costs for leased vehicles. Name of each creditor for Vehicle 2 Average monthly payment \$ Сору Repeat this here amount on line Total average monthly payment 0.00 13f. Net Vehicle 2 ownership or lease expense Copy net Vehicle 2 Subtract line 13e from line 13d. if this number is less than \$0, enter \$0. ..... expense here 0.00 0.00 14. Public transportation expense: If you claimed 0 vehicles in line 11, using the IRS Local Standards, fill in the 0.00 Public Transportation expense allowance regardless of whether you use public transportation. 15. Additional public transportation expense: If you claimed 1 or more vehicles in line 11 and if you claim that you may also deduct a public transportation expense, you may fill in what you believe is the appropriate expense, but you may 0.00 not claim more than the IRS Local Standard for Public Transportation.

Case 20-10447-BFK Doc 14 Filed 03/03/20 Entered 03/03/20 13:24:17 Desc Main Document Page 42 of 52

Debtor 1 Patricia Ann Cvetnich Case number (if known) 20-10447

		n addition to the expense d he following IRS categories		s listed above	, you are allowed your monthly expenses	for	
16.	Taxes: The total monthly amount that you will actually pay for federal, state and local taxes, such as income taxes, self-employment taxes, social security taxes, and Medicare taxes. You may include the monthly amount withheld from your pay for these taxes. However, if you expect to receive a tax refund, you must divide the expected refund by 12 and subtract that number from the total monthly amount that is withheld to pay for taxes.  Do not include real estate, sales, or use taxes.						585.56
17.	<b>Involuntary deductions:</b> The total monthly payroll deductions that your job requires, such as retirement contributions, union dues, and uniform costs.						
	Do not include amounts that	are not required by your job	o, such a	s voluntary 40	1(k) contributions or payroll savings.	\$	0.00
18.	<b>Life Insurance:</b> The total monthly premiums that you pay for your own term life insurance. If two married people are filing together, include payments that you make for your spouse's term life insurance.  Do not include premiums for life insurance on your dependents, for a non-filing spouse's life insurance, or for any form of life insurance other than term.						0.00
19.	<ul> <li>Court-ordered payments: The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments.</li> <li>Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35.</li> </ul>						0.00
20.	Education: The total monthly	, amount that you pay for e	ducation	that is either	required:		
	as a condition for your job	, or					
	for your physically or men	tally challenged dependent	child if n	o public educ	ation is available for similar services.	\$	0.00
21.	<b>Childcare:</b> The total monthly Do not include payments for				sitting, daycare, nursery, and preschool.	\$	0.00
22.	22. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7.						0.00
	Payments for health insurance	•				\$	0.00
23.	23. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122C-1, or any amount you previously deducted.						0.00
	24. Add all of the expenses allowed under the IRS expense allowances.  Add lines 6 through 23						
24.	Add lines 6 through 23.	owed under the IRS expe	nse allov	vances.		\$	3,071.56
		·	eductions	s allowed by th		\$	3,071.56
Add	Add lines 6 through 23.  itional Expense Deductions  Health insurance, disability	These are additional do Note: Do not include a	eductions ny expen	s allowed by the se allowances			3,071.56
Add	Add lines 6 through 23.  itional Expense Deductions  Health insurance, disability insurance, disability insurance.	These are additional do Note: Do not include a	eductions ny expen	s allowed by the se allowances	s listed in lines 6-24.  ses. The monthly expenses for health		3,071.56
Add	Add lines 6 through 23. litional Expense Deductions  Health insurance, disability insurance, disability insurance, your dependents.	These are additional do Note: Do not include a	eductions ny expen avings ac unts that	s allowed by the se allowances count expension are reasonab	s listed in lines 6-24.  ses. The monthly expenses for health		3,071.56
Add	Add lines 6 through 23.  itional Expense Deductions  Health insurance, disability insurance, disability insurance your dependents.  Health insurance	These are additional de Note: Do not include an insurance, and health sa e, and health savings acco	eductions ny expen avings ac unts that	s allowed by the se allowances count expension are reasonab	s listed in lines 6-24.  ses. The monthly expenses for health		3,071.56
Add	Add lines 6 through 23.  litional Expense Deductions  Health insurance, disability insurance, disability insurance your dependents.  Health insurance  Disability insurance	These are additional de Note: Do not include an insurance, and health sa e, and health savings acco	eductions ny expen avings ac unts that \$	s allowed by the se allowances account expensare reasonabes 335.61	s listed in lines 6-24.  ses. The monthly expenses for health		3,071.56
Add	Add lines 6 through 23.  litional Expense Deductions  Health insurance, disability insurance, disability insurance your dependents.  Health insurance  Disability insurance  Health savings account	These are additional de Note: Do not include all rinsurance, and health sa e, and health savings acco	eductions ny expen avings ac unts that \$	s allowed by the se allowances account expensare reasonabes 335.61 0.00 0.00	s listed in lines 6-24.  ISSES. The monthly expenses for health ly necessary for yourself, your spouse, o	r	
Add	Add lines 6 through 23.  litional Expense Deductions  Health insurance, disability insurance, disability insurance your dependents.  Health insurance  Disability insurance  Health savings account  Total  Do you actually spend this to	These are additional de Note: Do not include all rinsurance, and health sa e, and health savings acco	eductions ny expen avings ac unts that \$	s allowed by the se allowances account expensare reasonabes 335.61 0.00 0.00	s listed in lines 6-24.  ISSES. The monthly expenses for health ly necessary for yourself, your spouse, o	r	
Add	Add lines 6 through 23.  Iitional Expense Deductions  Health insurance, disability insurance, disability insurance your dependents.  Health insurance  Disability insurance  Health savings account  Total  Do you actually spend this to  No. How much do you yes  Continued contributions to continue to pay for the reason	These are additional de Note: Do not include an insurance, and health sa e, and health savings account at a mount?  It al amount? It actually spend?  It the care of household or nable and necessary care a fyour immediate family who	eductions ny expen avings ac unts that  \$ \$  family r and supp o is unab	s allowed by the se allowances allowances allowances account expensare reasonabes 335.61 0.00 0.00 335.61	c actual monthly expenses that you will rly, chronically ill, or disabled member of uch expenses. These expenses may	r	
25.	Add lines 6 through 23.  Iitional Expense Deductions  Health insurance, disability insurance, disability insurance your dependents.  Health insurance  Disability insurance  Health savings account  Total  Do you actually spend this to  No. How much do you  Yes  Continued contributions to continue to pay for the reason your household or member of include contributions to an actually with the contribution of the contribution	These are additional de Note: Do not include an insurance, and health sa e, and health savings according to the care of household or nable and necessary care at your immediate family whiceount of a qualified ABLE piolence. The reasonably necessary care and the care of your immediate family whiceount of a qualified ABLE piolence. The reasonably necessary care and the care of your immediate family whice your immediate family whice your the reasonably necessary care and the care of your immediate family whice your immediate family whice your immediate family whice your the reasonably necessary care and the property of	sssssssssss eccessary	s allowed by the se allowances occount expensare reasonabes and are reasonabes and a second between are reasonabes and a second between are reasonabes and a second between a se	c actual monthly expenses that you will rly, chronically ill, or disabled member of uch expenses. These expenses may	r\$	335.61

Case 20-10447-BFK Doc 14 Filed 03/03/20 Entered 03/03/20 13:24:17 Desc Main Document Page 43 of 52

ebtor 1	Patricia Ann Cvetnich		Case number (if kn	own)	20-10	447		
	Additional home energy costs. Your hom line 8.	ne energy costs are included in your insur	rance and opera	ting (	expenses	on		
	If you believe that you have home energy of 8, then fill in the excess amount of home en		costs included i	n ex	penses c	n line		
	You must give your case trustee document amount claimed is reasonable and necessary		nust show that th	e ad	ditional		\$	0.00
	Education expenses for dependent child \$170.83* per child) that you pay for your depublic elementary or secondary school.	dren who are younger than 18. The more pendent children who are younger than 1	nthly expenses ( 18 years old to a	not r ttend	nore thar d a privat	n e or		
	You must give your case trustee document claimed is reasonable and necessary and it	ation of your actual expenses, and you month already accounted for in lines 6-23.	nust explain why	the a	amount			
	* Subject to adjustment on 4/01/22, and ev	ery 3 years after that for cases begun on	or after the date	of a	djustmen	t.	\$	0.00
	Additional food and clothing expense. Thigher than the combined food and clothing than 5% of the food and clothing allowance	allowances in the IRS National Standard						
	To find a chart showing the maximum addi instructions for this form. This chart may al			epa	rate			
	You must show that the additional amount	claimed is reasonable and necessary.					\$_	0.00
	Continuing charitable contributions. The instruments to a religious or charitable organization.		ute in the form of	cas	h or finar	ncial		
	Do not include any amount more than 15%	of your gross monthly income.					\$	0.00
	Add all of the additional expense deduc Add lines 25 through 31.	tions.					\$_	335.61
Dedu	uctions for Debt Payment							
	or debts that are secured by an interest pans, and other secured debt, fill in lines		ome mortgages,	, veh	nicle			
	o calculate the total average monthly paym reditor in the 60 months after you file for ba		ly due to each se	ecure	ed			
	Mortgages on your home						Avera	age monthly ent
33a.	Copy line 9b here					=>	\$	2,952.75
	Loans on your first two vehicles					•		
33b.						=>	\$	0.00
							Φ	
33c.	Copy line 13e nere					=>	<b>—</b>	0.00
33d.	List other secured debts:							
Nam	e of each creditor for other secured debt	Identify property that secures the debt		incl	es payme ude taxes nsurance	3		
					No			
	-NONE-							
	-NONE-				Yes		\$	
					No			
					Yes		\$	
					No			
					.,	+	\$	
								<del></del>
0.5				) OF	2.75	Copy total		2.052.75
33e	Total average monthly payment. Add lines	s 33a through 33d	. \$2	2,93	2.75	here=:	<b>-</b>  \$_	2,952.75

## Case 20-10447-BFK Doc 14 Filed 03/03/20 Entered 03/03/20 13:24:17 Desc Main Document Page 44 of 52

	Patri	icia Ann Cvetnich			Cas	se num	ber (if known) 20	0-10447	
			ine 33 secured by your pri your support or the suppo			€,			
	l No.	Go to line 35.							
	Yes.	listed in line 33, to keep	ou must pay to a creditor, in possession of your property I in the information below.						
Name	e of the	creditor	Identify property that see	cures the debt		Tota	I cure amount	Mon	thly cure
Flag	gstar E	Bank	209 Fathom Cove S Stafford County	stafford, VA 225	<b>554</b> \$		72,894.35		1,214.91
					\$			÷ 60 = \$	
					\$	_		÷ 60 = +\$	
					Total	\$	1,214.91	Copy	\$ <b>1,214.9</b> 1
					rotar	Ψ_	-,	here=>	Ψ
86. <b>Pr</b> Cu	ojecte	ongoing priority claims, s Total amount of all pas d monthly Chapter 13 pl	an payment			\$_ \$	0.00	÷ 60 \$	60.00
the	e Execi	the United States Courts utive Office for United Sta	s stated on the list issued by (for districts in Alabama and tes Trustees (for all other dis	North Carolina) o stricts).	r by	x _		_	
the To	e Exect	the United States Courts utive Office for United Sta st of district multipliers that in	(for districts in Alabama and	North Carolina) o stricts). sing the link specified	by in the	x _		_	
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Case 20-10447-BFK Doc 14 Filed 03/03/20 Entered 03/03/20 13:24:17 Desc Main Document Page 45 of 52

ebtor 1	Patricia Ann (	Cvetnich		Cas	se numl	per (if known) 2	0-10447	
art 2:	Determine Yo	ur Disposable Income Under 11	J.S.C. § 1325(b)(	2)				
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em in	nployer withheld fr	retirement deductions. The month rom wages as contributions for qua o)(7) plus all required repayments o 0. § 362(b)(19).	ified retirement pl	ans, as specified	I \$	(	0.00	
42. <b>To</b>	tal of all deducti	ons allowed under 11 U.S.C. § 70	<b>7(b)(2)(A).</b> Copy	line 38 here=	<b>&gt;</b> \$	7,574	1.83	
ex the	penses and you heir expenses. You	cial circumstances. If special circulates are no reasonable alternative, des must give your case trustee a detadocumentation for the expenses.	cribe the special o	circumstances an	nd			
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44. <b>To</b>	tal adjustments.	Add lines 40 through 43.		=> [	\$	7,574.83	Copy here=> -\$	7,574.83
45. <b>C</b> a	lculate your moi	nthly disposable income under §	<b>1325(b)(2).</b> Subt	ract line 44 from I	line 39	).	\$	264.93
art 3:	Change in Inc	come or Expenses						
ha tim yo	ve changed or are ne your case will b u filed your petitio	or expenses. If the income in Forre virtually certain to change after the open, fill in the information below in, check 122C-1 in the first column I in when the increase occurred, an	e date you filed you. For example, if to, enter line 2 in the	our bankruptcy pe the wages reporte e second column	etition ed inc n, expl	and during the reased after		
Form	Line	Reason for change		Date of change	•	Increase or decrease?	Amount of cha	ange
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<b>1</b> 22	C-2					☐ Decrease	\$	

Case 20-10447-BFK Doc 14 Filed 03/03/20 Entered 03/03/20 13:24:17 Desc Main Document Page 46 of 52

Debtor 1	Patricia Ann Cvetnich	Case number (if known)	20-10447
ı			
Part 4:	Sign Below		
	By signing here, under penalty of perjury you declare to	that the information on this statement and in any atta	achments is true and correct.
	Patricia Ann Cvetnich Signature of Debtor 1		
	March 3, 2020 MM / DD / YYYY		

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

#### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter	7:	Liquidation
Ç	\$245	filing fee
	\$75	administrative fee
<u>+</u>	\$15	trustee surcharge
Ç	335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes:

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### **Chapter 11: Reorganization**

\$1,167 filing fee

+ \$550 administrative fee \$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

#### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

### Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

#### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure</a>.

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

#### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

### Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html">http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html</a>

In Alabama and North Carolina, go to: <a href="http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit">http://www.uscourts.gov/FederalCourts/Bankruptcy/Bankruptcy/BankruptcyResources/ApprovedCredit</a> AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Aquia Harbor Property Owners A Chadwick, Washington, Moriarty 3201 Jermantown Rd #600 Fairfax, VA 22030

Ashley Funding Services, LLC Resurgent Capital Services PO Box 10587 Greenville, SC 29603

Capital Accounts Attn: Bankruptcy Dept Po Box 140065 Nashville, TN 37214

Chase Card Services Attn: Bankruptcy Po Box 15298 Wilmington, DE 19850

Citibank/Best Buy Citicorp Credit Srvs/Centralized Bk dept Po Box 790034 St Louis, MO 63179

Discover Financial Attn: Bankruptcy Po Box 3025 New Albany, OH 43054

Flagstar Bank Attn: Bankruptcy 5151 Corporate Drive Troy, MI 48098

Kohls/Capital One Attn: Credit Administrator Po Box 3043 Milwaukee, WI 53201

Marine Federal Credit Attn: Bankruptcy Po Box 1551 Jacksonville, NC 28541 McCabe, Weisberg & Conway, LLC 1727 King Street Suite 318 Alexandria, VA 22314

Quantum3 Group LLC as Agent for MOMA Funding LLC PO Box 788 Kirkland, WA 98083

Stafford Hospital 101 Hospital Center Blvd Stafford, VA 22554

United Consumers Inc Attn: Bankruptcy Dept Po Box 4466 Woodbridge, VA 22192

Verizon Wireless Attn: Verizon Bankruptcy 500 Technology Dr, Ste 500 Weldon Springs, MO 63304

Wells Fargo Bank NA Attn: Bankruptcy 1 Home Campus Mac X2303-01a Des Moines, IA 50328